



Department of the Treasury
Federal Law Enforcement Agencies
PROCESS RECEIPT AND RETURN

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER CR-05-10085-RCL	
DEFENDANT Hana Al Jader (Defendant)		TYPE OF PROCESS PRELIMINARY ORDER OF FORFEITURE	
SERVE AT	Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize Washington Mutual Bank		
	Address (Street or RFD / Apt. # / City, State, and Zip Code) 9200 Oakdale Avenue, Mail N1 10701, Chatsworth, CA 91311		
Send NOTICE OF SERVICE copy to Requester: KRISTINA E. BARCLAY ASSISTANT U.S. ATTORNEY OFFICE OF THE UNITED STATES ATTORNEY John Joseph Moakley Federal Courthouse 1 Courthouse Way, Suite 9200 Boston, MA 02210		Number Of Process To Be Served In This Case.	
		Number Of Parties To Be Served In This Case.	
		Check Box If Service Is On USA	
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.) Please serve a copy of the attached Preliminary Order of Forfeiture upon the above-referenced entity via certified mail, return receipt requested.			
JLJ xt 3297			
Signature of Attorney or other Originator requesting service on behalf of Kristina E. Barclay, Assistant U.S. Attorney		<input checked="" type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Telephone No. (617) 748-3100
SIGNATURE OR PERSON ACCERTING PROCESS:		Date Oct 23, 2006	
SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY			
I acknowledge receipt for the Total # of Process Indicated.	District of Origin No. _____	District to Serve No. _____	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER:
I hereby Certify and Return That I [] PERSONALLY SERVED, [] I HAVE LEGAL EVIDENCE OF SERVICE, [X] HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below.			
[] I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.			
NAME & TITLE of Individual Served If not shown above:		<input checked="" type="checkbox"/> I A Person of suitable age and discretion then residing in the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above.)		Date of Service	Time of Service [] I AM [] 1 PM PLEASE SEE REMARKS SECTION BELOW
Signature, Title and Treasury Agency <i>Mary Lou Gilman, Forfeitures Specialist</i>			
REMARKS: The above described Order was served by certified mail. A copy of certified mail form 7001 2510 0003 4299 5181 is attached. Mailed on October 27, 2006. Postal records indicate delivery/receipt on October 31, 2006.			

TD F 90-22.48 (6/96)



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Search Results

Label/Receipt Number: 7001 2510 0003 4299 5181

Status: Delivered

Your item was delivered at 5:54 am on October 31, 2006 in CHATSWORTH, CA 91313.

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<p>U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Pro</i></p>		<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	
Postage	\$ 1.30	1. Article Addressed to:	CR-05010085-RCL
Certified Fee		Washington Mutual Bank	
Return Receipt Fee (Endorsement Required)		9200 Oakdale Ave.	
Restricted Delivery Fee (Endorsement Required)		Mail N1-10701	
Total Postage & Fees	\$ 1.30	Chatsworth, CA 91311	
<p>Sent To Washington Mutual Bank <i>Street, Apt. No., or PO Box No.</i> 9200 Oakdale Ave. mail N1 <i>City, State, ZIP+4</i> Chatsworth, CA 91311</p>		<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature</p> <p>X <i>Orvin</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addres</p> <p>B. Received by (Printed Name) <i>Orvin</i> C. Date of Deliv.</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <i>9200 Oakdale Ave.</i> <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number <i>(Transfer from service lab</i> 7001 2510 0003 4299 5181</p>			
<p>PS Form 3800, January 2001</p>		<p>See Revers</p>	
<p>PS Form 3811, August 2001</p>			
<p>Domestic Return Receipt</p>			
<p>102595-01-M</p>			